2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000011851 1. Entity Name

FILED May 02, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

19495 BISCAYNE BOULEVARD, SUITE 410 AVENTURA, FL 33180

LIMOCH 19680 WEST DIXIE, LLC

19495 BISCAYNE BOULEVARD, SUITE 410 AVENTURA, FL 33180



04292005 No Chg-LLC

CR2E083 (10/03)

Fee Required

4. FEI Number		Applied For
58-2070528		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BARNEY, JANICE 14001 NW 4 ST, SUNRISE, FL, 33325

DO NOT WRITE

SUNICIOE,	12 00020	IN THIS SP	IN THIS SPACE			
	named entity submits this statement for the purpose of chan ions of registered agent.	iging its registered office or registered agent, or both, in the State of Flor	ida. I am familiar with, and accept			
SIGNATURE_	Signalure, typed or printed name of registered agent and title if applicable	(NOTE Rogistered Agent signature required when reinstating)	DATE			
Fi D	ling Fee is \$50.00 ue by May 1, 2005					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISRAEL, KEN 19495 BISCAYNE BLVD., SUITE 410 AVENTURA, FL 33180	Hoopo	יייי ייייייייייייייייייייייייייייייייי			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·					
	Exertify that the information supplied with this filing does not q on this report is true and accurate and that my signature shi bility company or the receiver or trustee empowered to exec	ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I all have the same legal effect as if made under oath; that I am a managi ute this report as required by Chapter 608, Florida Statutes.	further certify that the information ng member or manager of the			

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE